

Atty Docket No. 022001-001900US

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ATTENTION: Examiner FLANAGAN, BEVERLY M.
TELEPHONE NO.: 703-308-2193

Group Art Unit 3739

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I hereby certify that the following document(s) in re Application of DAN SANCHEZ ET AL.,
Application No. 09/847,736, filed May 1, 2001
for PIVOT POINT ARM FOR A ROBOTIC SYSTEM USED
TO PERFORM A SURGICAL PROCEDURE
is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

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1. Transmittal Form
2. Response to Notice of Non-Compliant Amendment

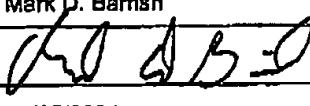
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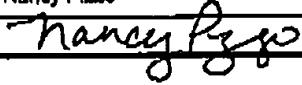
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Tel: 650-326-2400
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/847,736
		Filing Date	May 1, 2001
		First Named Inventor	DAN SANCHEZ
		Art Unit	3739
		Examiner Name	FLANNAGAN, BEVERLY M.
Total Number of Pages in This Submission		Attorney Docket Number	022001-001900US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below:</i>
		Remarks <div style="border: 1px solid black; padding: 5px;">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Mark D. Barrish	
Signature		
Date	02/25/2004	

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